

USEPA
290 BROADWAY
NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION
PAL Proposal # 16-1622

Operator Project #	Postmark	Date Received	Notification #		
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): O – Original					
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):					
OWNER NAME: Luxottica U.S. Holding Corp.					
Address: 12 Harbor Park Drive					
City: New York		State: NY	Zip: 11050		
Contact Name: David Lambert		Telephone: 860-808-7137			
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services					
Address: 11-02 Queens Plaza South					
City: Long Island City		State: NY	Zip: 11101		
Contact Name: Aric Domozyk		Telephone: 718-349-0900			
OTHER CONTRACTOR:					
Address:					
City:		State:	Zip:		
Contact Name:		Telephone:			
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation): R					
IS ASBESTOS PRESENT? (YES NO) YES					
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)					
Building Name:					
Address: 1 West 37th Street					
City: New York		State: NY	Zip: 10018		
Site Location: 1st, 2nd, 3rd, 4th, 5th, 6th, 7th & Basement					
Building Size: 51,707 SF		# of Floors: 13	Age in Years: 104		
Present Use: Commercial		Prior Use: Commercial			
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM – Polarized Light Microscopy					
Approximate amount of asbestos , Including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	R. ACM to be removed	Non-Friable Asbestos Material not to be removed		Indicate Unit of Measurement Below	
		CAT I	CAT II	UNIT	
Linear Footage: Pipe Insulation	756			Linear Feet: X	Ln M:
Surface Area: Thermal Insulation & Debris	75			Square Feet: X	Square Meter:
Volume RACM off Facility Component				CuFt:	Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)		Start: 10/26/2016		Complete: 10/01/2017	
Scheduled Dates Demo/Renovation (mm/dd./yy)		Start:		Complete:	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.

WASTE TRANSPORTER #1

Name: Tri State Transfer Associates

Address: 1199 Randall Avenue

City: Long Island City

State: NY

Zip: 10474

Contact Name: Jimmy Byrne

Telephone: 718-617-0771

WASTE TRANSPORTER #2

Name: ATC

Address: 2 Moriches Middle Island Road

City: Shirley

State: NY

Zip:

Contact Name: Kenny Smith

Telephone: 631-924-5050

WASTE TRANSPORTER #3

Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services

Location: 11-02 Queens Plaza South

City: Long Island City

City: Long Island City

City: Long Island City

Telephone: 718-349-0900

Disposal Facility

Name: Minerva Enterprises

Location: 9000 Minerva Road, SE

Location: 9000 Minerva Road, SE

City: Waynesburg

State: OH

Zip: 44688

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (mm/dd./yy)

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)

10/11/2016

Signature of Owner/Operator

Date

I certify that the above information is correct

10/11/2016

Signature of Owner/Operator

Date